U.S., Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3183	2. Fiscal Year Covered From:				
	1/1/04 Through: 12/31/04				
3. Name and address of person filing.	Name, file number, and address of labor organization.				
Name GEORGE R GELLER	Name INTERNATIONAL B'HODD OF TEAMSTELS				
	Labor Organization File Number				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 1/10 - 15 7/5 P.D.	Street 25 LOUISIANA AVENUE				
City FOREST HILLS	City WASHINGTON				
State NEW YORK ZIP Code +4 1/375	State DC ZIP Code + 4 ZOOC				
5. Position in labor organization. INTERNATIONAL PEPRESENTATIVE					
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
mentally tales from all employer whose employees your organizati	on represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
6. Name and address of Employer (including trade name, if any).					
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:					
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any					
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.				
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.				
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.				
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.				
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information and documents) has been examined by the signatory and is to the best of the law.				
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information and documents) has been examined by the signatory and is to the best of the law.				

Name of Person Filing GEORGE R. GELIER	Fil	e Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name ULLICO Trade Name, if any: P.O. Box, Bldg., Room No., if any Street I(225 "Eqe" ST, NW City Washington State DC ZIP Code +4 20006	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	gamman gamma sakki anangi maga mangamar sibir njeli alabahki antur a kalabahan sakki sakki anaha a kalabaha a n			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	VENDOR LOCAL P	TO IBT, FFICIATES			
Street	11.b. Approximate dollar value o	f such dealing. VNŁNOWN			
City	12.a. Nature of interest held of	Service County Constitution and Constitu			
State ZIP Code + 4	DINNER 5/15/04	- \$45.00			
	12.b. Amount.	5 to 1 to			
C. Received from any employer (other than an employer covered under parts A and B above)					
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above)				
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above) or other thing of value. 14.a. Nature of payment.				
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	or other thing of value.				
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or other thing of value.				
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	or other thing of value.				
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	or other thing of value.				
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	or other thing of value.				

Name of Person Filing GEORGE R. GELLE	R	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name J + W SELIGMAN Trade Name, if any: P.O. Box, Bldg., Room No., if any Street JOD PARE AVENUE City NEW YORE CITY State NY ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	VENDOR TO LOCAL UNONS IN 18T				
Street	11.b. Approximate dollar valu	ue of such dealing.			
State ZIP Code + 4	12.a. Nature of interest held or income received. DINNER - \$50.60 5/16/04				
	12.b. Amount.	\$50.00			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	Americ Particularity of Control o			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
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Name					
Name Trade Name, if any:		1. No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
Construction of the control co		1. No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
Trade Name, if any:		1. No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
P.O. Box, Bldg., Room No., if any		1. No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
P.O. Box, Bldg., Room No., if any Street		1. No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			

Name of Person Filing CEOK FE R. CFLLER	F	ile Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name SEACAL BLYANT & HAMMIL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 10 SQ, WACKER DRIVE City CHICAGO State #LCINOIS ZIP Code + 4 60607-7467	9. Business deals with: a. Labor Organization b. Trust c. Employer	n		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	-		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	ON INFOR VENDOR	MATION ANDE BELIEF		
Street	11.b. Approximate dollar value of	of such dealing.		
City	12.a. Nature of interest held o	A comment of a find a comment of the		
State ZIP Code + 4	DINNER - \$75.00 5/18/2004			
	12.b. Amount.	\$75.00		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)	Barrona F de manufactura programa de marco de la companya de la companya de marco de la companya del companya de la companya del companya de la companya del companya del companya de la c		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	Professional management of the Association and Association and Association (Association) and Ass		
Name Control of the control of th				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any		**************************************		
Street City State ZIP Code + 4				
State ZIP Code + 4	ent part contribution from some enterly period particles of statements for \$200 promises and one or or or or or			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			